CARDIOVASCULAR DISEASE (including Obesity)

CARDIOVASCULAR DISEASE (including Obesity)—Clinical Outcomes Studies

PCV1

ZIPRASIDONE VS OLANZAPINE: CONTRASTS IN CHD RISK

Leaderer M, Harrison DJ, Loebel A, Murray S
Pfizer Inc, New York, NY, USA

OBJECTIVES: To examine the differences in coronary heart disease (CHD) risk arising from short-term treatment with the atypical antipsychotics ziprasidone and olanzapine. **METHODS:** Hospitalized schizophrenic adult patients underwent 6 weeks¢ randomized, double-blind treatment with ziprasidone or olanzapine, with data collected at baseline and endpoint for fasting lipids and weekly for blood pressure (BP). A published Framingham algorithm was used to calculate the percentage CHD risk that would be incurred over 10 years in patient's ≥ 30 years (per algorithm). Baseline-to-endpoint LS mean changes in age-adjusted risk by sex were compared using ANCOVA (baseline adjusted). **RESULTS:** In men, baseline-to-endpoint changes in total cholesterol (TC) and low-density lipoprotein cholesterol (LDL-C) were significant for olanzapine (n = 56; +22.7 and +13.9 mg/dL, respectively) versus ziprasidone (n = 50; –10.0 and –6.9 mg/dL, respectively) ($P < 0.01$ for TC, $P < 0.05$ for LDL-C). CHD risk in men increased by 0.8% (from a baseline of 4.2%) with olanzapine (n = 55) and decreased by 0.2% (from a baseline of 4.5%) with ziprasidone (n = 46) ($P < 0.05$ between groups). In women, between-group differences were insignificant for lipid changes and CHD risk. Neither treatment had significant effects on BP. **CONCLUSIONS:** In short-term treatment of men, olanzapine caused significant changes in lipid profile versus ziprasidone, with a consequent significant increase in CHD risk versus ziprasidone. These findings, coupled with those of significant weight gain with olanzapine versus ziprasidone in comparative studies, warrant investigation in longer-term trials.

PCV2

COMBINED LIPID GOAL ATTAINMENT IN THE MANAGED CARE SETTING

Sarawate C[1], Bullano MF[1], Cziraky MJ[1], Willey VJ[1], Schrader BJ[2], Charland SL[2], Stanek EJ[2]
[1]Health Core, Inc, Newark, DE, USA; [2]Kos Pharmaceuticals, Inc, Weston, FL, USA

OBJECTIVES: To evaluate combined low- and high-density lipoprotein-cholesterol (LDL-C/HDL-C) and triglyceride (TG) goal attainment and associated therapy over an extended time period. **METHODS:** A retrospective cohort analysis using a 1.1 million member southeastern US managed care database. Patients with a full lipid panel from October 1, 1999–September 39, 2000 (index lab), naive to lipid therapy and with health plan eligibility 12 months pre and post-index lab were identified. Prevention status was defined as high-risk primary (age; men > 45 years, women > 55 years; HDL-C < 40 mg/dL; hypertension diagnosis and therapy), or secondary (pre-index lab vascular event or revascularization). Lipid goal targets were established using NCEP ATP-III guidelines. Combined lipid (LDL – C + HDL – C + TG) goal attainment was assessed at index and then quarterly during follow-up. The association between lipid goal achievement and prescribed therapy was assessed using multinomial logistic regression. **RESULTS:** A total of 30,348 patients, with 92,690 lipid panels, were followed for a mean of 27 ± 8 months. Mean age was 66 ± 12 years, 54% male, and prevention status was classified as high-risk primary in 43% and secondary in 57%. Combined lipid goal attainment was observed in 25%, 46%, and 50% of patients at index, 12 and 36 months, respectively. Forty-seven percent of these patients had isolated baseline high LDL-C. Among the 50% of patients not attaining combined lipid goals at 36 months, 85% had low HDL-C and/or elevated TG. Lipid-altering therapy, primarily statin monotherapy (88%), was prescribed in 30% of patients, after a post-index lag period of 7 ± 8 months. Prescription of lipid-altering therapy was significantly associated with attainment of LDL-C goal ($p < 0.05$) but not HDL-C or TG goals. **CONCLUSIONS:** In this managed care setting, 50% of high-risk patients did not attain combined lipid goals, largely due to undertreatment of low HDL-C and/or elevated TG.

PCV3

USING HEALTH-RISK APPRAISAL DATA FOR ASSESSING PREDICTORS OF HYPERTENSION TREATMENT

Brown JS[1], Menzin J[1], Manocchia M[2]
[1]Boston Health Economics, Inc, Waltham, MA, USA; [2]Blue Cross Blue Shield of Rhode Island, Providence, RI, USA

OBJECTIVES: The benefits of hypertension therapy for patients with elevated blood pressure (BP) are well established. The study objective was to evaluate predictors of drug treatment for patients with hypertension using a managed-care database that links health risk appraisal (HRA) data with medical encounter claims. **METHODS:** HRA data and physiological measurements were collected during worksite wellness clinics held at employer sites in 2002 in the Northeastern US. HRA information included body mass index (BMI), family history of cardiovascular disease, tobacco use, self-perceived health status, level of physical activity, and stages of change, among other measures. Clinical staff collected BP measurements. Medical encounter and pharmacy data were summarized for 2001 through 2003 for all clinic participants and used to assess medication use and comorbidities. Cohort selection criteria included elevated BP (diastolic 140 mmHg or higher or systolic 90 mmHg or higher), medical insurance eligibility for 2002 and 2003, HRA participation in 2002, and no BP medication dispensed in 2001. The primary outcome of interest was the likelihood of initiating antihypertensive drug therapy in 2002 or 2003. Logistic regression was used to assess predictors of treatment. **RESULTS:** The average age of clinic participants (n = 506) was 47 years, 59% were male, and 18% received at least one hypertension medication during the study period. The likelihood of treatment was positively associated with BMI ($p < 0.01$), number of comorbidities ($p < 0.001$), hypertension awareness ($p < 0.001$), self-reported depression or stress ($p = 0.03$), and family history of cardiovascular disease ($p = 0.04$). Treatment was inversely associated with male gender ($p = 0.02$), but not related to age, self-reported health status, level of physical activity or tobacco use. **CONCLUSION:** The likelihood of receiving treatment for hypertension depends on several factors that rely on surveys, such as the HRA. Combining multiple data sources can facilitate outcomes research studies in hypertension.

PCV4

VARIABLE PATIENT COMPLIANCE WITH STATINS AND ASSOCIATED LIPID CONTROL AMONG CHINESE PATIENTS WITH HIGH RISK FOR CORONARY HEART DISEASE

Cheng CW[1], Woo KS[2], Chan JC[2], Tomlinson B[2], You JH[1]
[1]The Chinese University of Hong Kong, Hong Kong, China; [2]The Chinese University of Hong Kong

Coronary heart disease (CHD) is one of the major causes of death in Hong Kong. Medical non-compliance for patients receiving statin therapy can cause sub-optimal control of serum